U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86 257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9033	2 Fiscal Year Covered From
	81 / 81 / 200 Through 72 / B1 / 200 V
3 Name and address of person filing	4 Name file number and address of labor organization
Name Frank Al Condelline	Name CISWA L-39
_	Labor Organization File Number 012 - 447
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 361-Dart Windows	Street 1611 5 Broadway
City St. L'ouise to the state of the	City St. Course of mineral and
State Months ZIP Code + 4 63026	State Z- M D = F S ZIP Code + 4 Z-3 1.4-1
5 Position in labor organization	THE THE PLANT OF THE PARTY OF T
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
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A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization. 6 Name and address of Employer (including trade name if any) Name Trade Name if any	derived income or other economic benefit of on represents or is actively seeking to represent 7 a Nature of Interest Transaction or Income
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Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Trush Corlelline

Name of Person Filing	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name Trade Name if any	9 Business deals with a Labor Organization b Trust	
P O Box Bldg Room No if any Street City State ZIP Code + 4	և c Employer	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Trade Name If any P O Box Bldg Room No If any Street City ZIP Code + 4	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received 12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	
Name Becker + Coalan-Till Trade Name if any PO Box Bldg Room No if any	Z-Frozen Steaks	
Street 3473 Hwy 111 Box 1882 City & Grante City 21 ZIP Code + 4 72096		
13 b ts the Business an Employer (or Consultant ?	14 b Amount of payment.	